

CLASS SIZE EXEMPTION REQUEST

Application for each exemption requires the full completion of this form. This form is to be used for non-SBDM schools only.

District_____ Fax #_____

School_____ Date of request_____

Grade_____

Number of Students_____ Teacher_____

Date this class first exceeded the maximum_____

I. Give specific reasons for this request.

II. Was an exemption granted last year for this group of students? If so, what was the teacher's name?

III. How do you plan to reduce the class size for the next school year?

IV. Complete the table for all teachers in the school.

Grade	Number of Students	Teacher Name

Superintendent signature

Date

Please mail or fax the completed form to:

Lee Goss

Program Consultant

Title II Teacher Quality Initiatives Coordinator

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